U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 3. Name and address of person filing. 4. Name, file number, and address of labor organization. Name Jerry Hintz Name Sheet Metal Workers AFL/CIO Local Union 26: Labor Organization File Number 023-962 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any Street 807 40th Street SE Street 1211 Wiley Blvd. SW City Cedar Rapids City Cedar Rapids	For Official Use Only READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.
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3. Name and address of person filing. Name Jerry Hintz Hintz Name Sheet Metal Workers AFL/CIO Local Union 26:	1. File Number U - 4848	2. Fiscal Year Covered From:
Name Jerry Hintz Name Sheet Metal Workers AFL/CIO Local Union 26: Labor Organization File Number 023-962 P.O. Box, Bildg. Room No., if any P.O. Box, Building and Room Number, if any Street 807 40th Street SE Street 1211 Wiley Blvd. SW City Cedar Rapids City Cedar Rapids State Towa ZiP Code +4 52404 State Towa ZiP Code +4 52404-1 Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Helt an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: 7.b. Amount. 7.b. Amount. 17.b. Amount. 18. Signature and verification. The undersigned declares, under penalty of Penalty and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		1 / 1 / 2004 Through: 12 / 31 / 2004
Labor Organization File Number 022-962 P.O. Box, Bildg., Room No., if any P.O. Box, Building and Room Number, if any Street 807 40th Street SE Street 1211 Wiley Blvd. SW City Cedar Rapids City Cedar Rapids State Iowa ZIP Code +4 52404 State Iowa ZIP Code +4 52404-1 Specified in labor organization. Member Union Executive Board Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following Interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name 7.a. Nature of Interest, Transaction, or income. 7.b. Amount. 7.b. Amount. 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., If any Street 807 40th Street SE City Cedar Rapids State Iowa ZIP Code + 4 52404 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Tip Code + 4 Information on this form is my best present recollection 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information summitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belieft, true, correct, and complete. (See the section on penalties in the instructions.)	Name Jerry Hintz	The state of the s
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Signed \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	submitted in this report (including the information contained in any accompar	nying documents), has been examined by the signatory and is, to the best of the
Date Telephone Number	Signed X Jerry L. Work	On 8/4/05 319-373-30// Pate Telephone Number

Name of Person Filing Jerry Hintz		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organizatio	on	
P.O. Box, Bldg., Room No., if any Street	b. Trust		
City State ZIP Code + 4	4 3/4 2		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	g.	
Name Sheet Metal Workers Local Union Trade Name, if any: No. 263 Health and Welfare Plan	***************************************	om Form LM-10 - Part B attached.	
P.O. Box, Bldg., Room No., if any Street 1211 Wiley Blvd. SW	**************************************		
The state of the Control of the state of the	11.b. Approximate dollar value	of such dealing.	
City Cedar Rapids	12.a. Nature of interest held of	or income received.	
State Iowa ZIP Code + 4 52404	1. See schedule fro	om Form LM-10 - Part B attached.	
	12.b. Amount.	\$1,115	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	100 March 1997 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
Name		and the same of th	
Trade Name, if any:	The second secon	· .	
P.O. Box, Bldg., Room No., if any		Hill example.	
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State ZIP Code + 4		7.71 kg	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	1 () () () () () () () () () (

Name of Reporting Employer: Shee	et Metal Workers Local U	nion No. 263 File Number E-
Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a	TEM 8.c TEM 8.d TEM 8.e TEM 8.f
9.a. Agreement X Paymen	nt Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). Shop Union Sheet Metal Worker
 Name and address of person wit separate agreement was made of made. 		9.d. Name and address of firm or labor organization with whom employed or affiliated.
Name Jerry Hi	ntz	Organization Climate Engineering, Inc.
P.O. Box, Building and Room Number, Street 807 40th Street SE City Cedar Rapids		P.O. Box, Building and Room Number, if any P.O. Box 401 Street 883 Shaver Rd NE City Cedar Rapids
State Towa	ZIP Code + 4 52404	State Iowa ZIP Code + 4 52402 - 4507
None 11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each paymer or expenditure	(*Written agreements entered into during the fiscal year must be attached.) 11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
02/04/2004	289;	Payment - Cash
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Name of Reporting Employer: Sheet Metal Workers Local Union No. 263

File Number E-

1.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure.	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property).
02/06/2004	1 1	Payment - Cash
05/13/2004	9	Payment - Cash
11/11/2004	10:	Payment - Cash
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Name of Person Filing Jerry Hintz	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Wells Fargo Bank Iowa, N.A. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1800 1st Avenue NE City Cedar Rapids State Iowa ZIP Code + 4 52401 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Sheet Metal Workers Local Union Trade Name, if any: No. 263 Health and Welfare Plan	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Golf outing to which business customers and Trustee's of Trust Fund were invited.		
P.O. Box, Bldg., Room No., if any Street 1211 Wiley Blvd. SW			
City Cedar Rapids State Iowa ZIP Code + 4 52404	11.b. Approximate dollar value of such dealing. \$62 12.a. Nature of interest held or income received.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.		
P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Jerry Hintz	File Number U-			
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8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Sheet Metal Workers Local Union No. 263	31.1			
Trade Name, if any: Retirement Savings Plan	a. Labor Organization X b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street 1211 Wiley Blvd. SW	C. Employer			
City Cedar Rapids				
State Iowa ZIP Code + 4 52404				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Union Trustee on Joint Board of Trustees which administers Plan.			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing. \$0			
State ZIP Code + 4	12.a. Nature of interest held or income received. Reimbursed lost time Trustee, educational expenses			
The contract of the contract o	and Trustee meeting expense.			
	12.b. Amount. \$114			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			